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State of Nebraska
Investigator's Motor Vehicle Accident Report

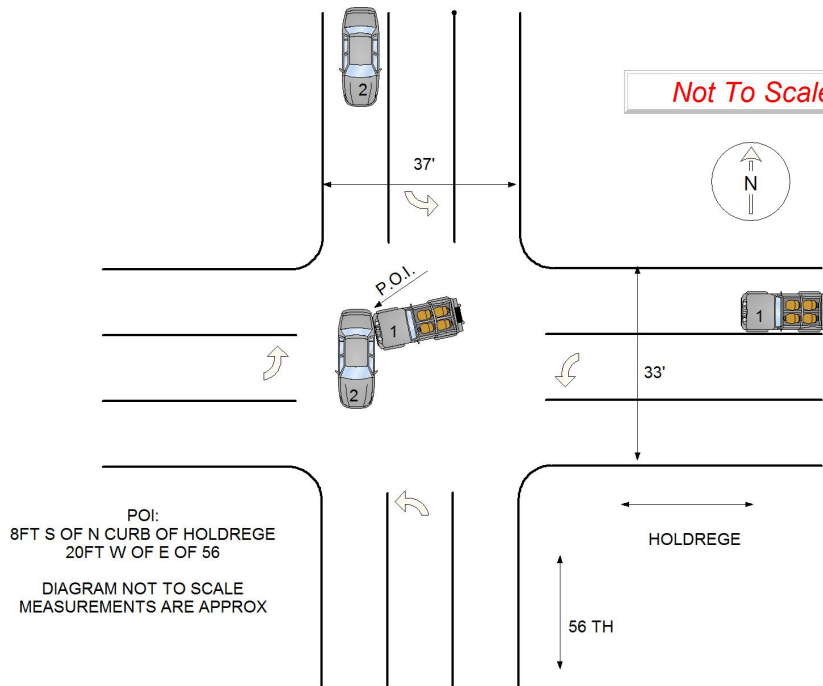
Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 037	Agency Case No. B5-092012	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/03/2015		(In Military Time) TIME OF ACCIDENT 0552	STATE USE ONLY	
A/2 01	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0553	10/04/2015	
B 50	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N 56/HOLDREGE ST		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		O FEET O MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
HOLDREGE ST						
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G02176071		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 2	DRIVER	ELGIN E KUHLMAN		PHONE	68508	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	05/03/1949	
G 4	OWNER	ELGIN E KUHLMAN		PHONE	4024416000	
H 5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/O 2	LICENSE PLATE PA NO.	179		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O 3	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
I 1	1995	Jeep	WSE	Compact Utility	green	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000
V1/P 1	VEHICLE ID NO. (VIN)	1J4FY29S7SP264596		INSURANCE COMPANY	STATE FARM	
V2/P 1	TOWED TO	TOWED BY		POLICY NO.	029-9804-D1827E	
VEHICLE NO. 2						
F 1	DRIVER LICENSE NO.	H13278946		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	KATHERINE N VAN DONSELAAR		PHONE		
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	05/23/1992	
J 01	OWNER	KATHERINE VANDONSELAAR		PHONE	4028405941	
V1/Q 4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V2/Q 1	LICENSE PLATE PA NO.	SBZ270		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/R 02	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/R 02	2015	Chevrolet	CRUZE	4 door Sedan	blue	ESTIMATED DAMAGE <input checked="" type="radio"/> TOALED \$
V1/S 02	VEHICLE ID NO. (VIN)	1G1PC5SB1F7196055		INSURANCE COMPANY	NATIONWIDE	
V2/S 02	TOWED TO	TOWED BY		POLICY NO.	PPGM0013256069	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
2	KATHERINE N VAN DONSELAAR	6000 COLBY ST, lincoln, NE 68505		05/23/1992	01	1
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	3 Body Region	4 Injury Sev.
2	KATHERINE N VAN DONSELAAR	6000 COLBY ST, lincoln, NE 68505		05/23/1992	07	4
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
2	KATHERINE N VAN DONSELAAR	6000 COLBY ST, lincoln, NE 68505		05/23/1992	1	F

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092012



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated he was traveling WB on Holdrege, approaching 56th. D1 stated the light was red as he was approaching the intersection and changed to green. D1 stated he entered the intersection and collided with V2. D2 stated she was traveling SB on 56th, approaching Holdrege. D2 stated she had a green light and it changed to yellow as she entered the intersection. D2 stated her vehicle was struck by V1 in the intersection. Ofc checked near by businesses for witnesses but did not locate any. No citations were issued due to conflicting stories and lack of witnesses.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS														
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																					
1				X	HOLDREGE				5		2		<table border="1" style="width:100%; text-align: center;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>X</td> <td>N</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	ALCOHOL LEVEL TESTED	N	X	N
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																							
Y		Y	Y																							
ALCOHOL LEVEL TESTED	N	X	N																							
2	X				56																					
1	01	06 Turning left				POINT OF IMPACT		02																		
2	01	08 Entering traffic lane				MOST DAMAGED AREA		02																		
					00 None		02		03		04															
					09 Top & windows		01		05		06															
					10 Undercarriage		08		07		06															
					11 Total (all areas)																					
					12 Other																					

OFFICER NO. 1664	TROOP/TEAM/BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jerad McBride		INVESTIGATOR SIGNATURE Approved by Officer Jerad McBride	DATE OF REPORT 10/04/2015